MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-011305
STATE FILE NUMBER

DO NOT WRITE ON THIS STUB — AMENDED

VS 300 Rev. 4/59

Registration District No. 149 Primary Registration District No. 1001 Registrar's No. 1745

FILED APR 16 1962

1. PLACE OF DEATH
a. COUNTY JACKSON
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS CITY
Length of stay in 1b: 2 HOURS
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION ST. LUKE'S HOSPITAL
Inside Limits: Yes X No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE KANSAS b. COUNTY JOHNSON
c. CITY OR TOWN FAIRWAY
Inside Limits: Yes XX No ☐
d. STREET ADDRESS (If outside, give location) 5416 NORWOOD ROAD
Reside on Farm: Yes ☐ No XX

3. NAME OF DECEASED (Type or print) First WILLIAM Middle J Last ROACH

4. DATE OF DEATH Month MARCH Day 26 Year 1962

5. SEX MALE
6. COLOR OR RACE WHITE
7. Married ☐ Never Married ☐ Widowed X Divorced ☐
8. DATE OF BIRTH 9/15/89
9. AGE (last birthday) 72
IF UNDER 1 YEAR Months Days
IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) car foreman
10b. KIND OF BUSINESS OR INDUSTRY Mo. P. R. R.
11. BIRTHPLACE (City and state or country) Ft. Scott, Kans.
12. CITIZEN OF WHAT COUNTRY U. S. A.

13a. FATHER'S NAME Michael ROACH
13b. MOTHER'S MAIDEN NAME Frances Reisanuer
14. NAME OF HUSBAND OR WIFE MRS. MARY ELLEN ROACH

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of servic
16. SOCIAL SECURITY NO.
17. INFORMANT Mrs. Mary Knightly Address Fairway, Kans.

18. CAUSE OF DEATH (Enter only one cause per line
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Ruptured Abdominal Aortic Aneurysm
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b)
DUE TO (c)
INTERVAL BETWEEN ONSET AND DEATH

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO X
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 9 3/26/62 to 11 3/28/62 and last saw her/him alive on 3/28/62
Death occurred at 11:30 P am on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Clarke L. Henry (Degree or title) M.D.
22b. ADDRESS Bldg. Okay Bldg. K.C. Mo.
22c. DATE SIGNED 3/27/62

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 3-29-62
23c. NAME OF CEMETERY OR CREMATORY Mt. Moriah
23d. LOCATION (City, town, or county) (State) Kansas City Mo.

24. FUNERAL DIRECTOR D.W. NEWCOMER'S SONS ADDRESS 1331 BRUSH CR. KANSAS CITY, MO.
25. DATE RECD. BY LOCAL REG. 3-28-62
26. REGISTRAR'S SIGNATURE Ruth Long

(Licensed Embalmer's Statement on Reverse Side)

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED
1			
2	8150 X		
3			
4	O		
5	Z		
6			
7	1		
8	Z		
9	451X		
10			
11			
12	6-0		
13			

BY AFFIDAVIT OF DOCUMENT

USE BLACK INK OR TYPEWRITER RIBBON

W. Clarke & Henry
523 Plaza Parkway Bldg - 4620 J.C. Nichols Parkway

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by ______________________________, Student Embalmer No. __________

working under my personal supervision.

Student ______________________________
Signature of Student Embalmer

Signed *Dean W. Huff*

Licensed Embalmer No. 4914

P. O. Address Indep., Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.